

**TAX AND FEE PAYER AUTHORIZATION TO SEND
TAX RETURNS/REPORTS TO ACCOUNTANT**STATE OF CALIFORNIA
BOARD OF EQUALIZATION

To: State Board of Equalization
P.O. Box 942879
Sacramento, California 94279-0029

TAX AND FEE PAYER INFORMATION

BOARD OF EQUALIZATION PERMIT ACCOUNT NUMBER(S)	
NAME OF TAX OR FEE PAYER <i>(please print)</i>	BUSINESS NAME

I hereby authorize the State Board of Equalization to send my tax and fee returns/reports to my accountant who has been assigned the Accountant Mailing Code Number indicated below.

SIGNATURE OF TAX OR FEE PAYER	DATE
TITLE <i>(Owner, Partner, Officer of Corporation)</i>	TELEPHONE NUMBER ()

ACCOUNTANT INFORMATION

ACCOUNTANT MAILING CODE NUMBER	
NAME OF ACCOUNTANT <i>(please print)</i>	
ADDRESS <i>(city, state, zip code)</i>	TELEPHONE NUMBER ()
IS ACCOUNTANT'S ADDRESS A CHANGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	

When this authorization has been filed with the State Board of Equalization your return/report form will be sent directly to your accountant. All other mail will be directed to your address of record. Any further changes should be promptly reported to the State Board of Equalization.

If you need assistance, please call our Information Center at 1-800-400-7115.